*Psychiatry, Psychology and Law*, 2019
Vol. 26, No. 2, 194–205, http://dx.doi.org/10.1080/13218719.2018.1487344



# An analysis of high-risk offending pathways for young females in custody

Stephane M. Shepherd[a,b], Danielle Newton[c], Cieran Harries[a], Rebecca L. Fix[b] and Rachael Fullam[a]

[a]*Centre for Forensic Behavioural Science, Swinburne University of Technology, Victorian Institute of Forensic Mental Health, Melbourne, Victoria, Australia;* [b]*Moore Centre for Prevention of Child Sexual Abuse, Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA;* [c]*Centre for Health Equity, Melbourne School of Population and Global Health, The University of Melbourne, Melbourne, Victoria, Australia*

Adolescent females who have engaged in severe and/or chronic offending are an understudied population internationally. The literature on female offending pathways has indeed advanced, and there is a better understanding of how female offending behaviours manifest and how correctional agencies should be responding. However, much of the existing research has focused on the risk factors and retrospective biographical narratives of adult female offenders. The present study focused on thematically exploring the self-reported life experiences and offending pathways of 36 detained adolescent females. Findings identified multiple themes including disconnection from education, early care-giver disruption/family separation, personal and family mental health problems, poly-substance abuse, anti-social peers, victimisation and anger problems. The study identifies that early family disruption is an important factor that may contribute to later offending behaviour and other negative life events. Prevention efforts should begin with the family when it comes to high-risk young females.

**Key Words:** criminogenic needs; female offenders; gender-responsive; gender-specific pathways; risk factors.

In Australia, 18% of young people under youth justice supervision are female (Australian Institute of Health & Welfare (AIHW), 2017). Among those in detention, 9% are female (AIHW, 2016). This reflects the smaller proportions of young females under supervision internationally compared to those of young males (Hockenberry, 2016; Ministry of Justice, 2017). In Australia, young males are more likely to re-offend than young females (Sentencing Advisory Council, 2016). Moreover, in comparison to male youth, female youth justice supervision pathways often comprise single types of supervision, which are more likely to be non-custodial (AIHW, 2014). These supervision patterns have remained stable over the past five years in Australia (AIHW, 2012). Accordingly, much of the literature on risk factors for offending has been, and continues to be, centred on males. However, an influential body of theoretical and empirical literature on female-specific offending pathways has emerged over the past few decades (Belknap, 2007; Blanchette & Brown,

Correspondence: Stephane M. Shepherd. Email: sshepherd@swin.edu.au 1/582 Heidelberg Rd, Alphington 3078 Victoria

2006; Bloom, Owen, & Covington, 2003; Chesney-Lind, 1997; Chesney-Lind & Sheldon, 2004; Daly, 1992, 1994; Holtfreter & Cupp, 2007; Salisbury, Van Voorhis, & Spiropoulos, 2009; Steffensmeier & Allan, 1998) in response to the academic neglect of female offending trajectories and the contemporary rise in rates of female imprisonment. While many of the antecedents to crime appear to be gender invariant, unique pathways and motivations for criminal activity have been ascertained. These findings have prompted advocacy for gender-responsive programming and therapeutic initiatives in correctional contexts (Blanchette & Brown, 2006; Bloom et al., 2003; Chesney-Lind, Morash, & Stevens, 2008; Holtfreter & Morash, 2003; Wright, Van Voorhis, Salisbury, & Bauman, 2012).

The nature of female involvement in crime can vary from male involvement in a number of ways. There may be differences across developmental risk factors for offending, a greater prevalence of particular risk factors, and variations in motivations for offending and in expressions of problem behaviours (Belknap & Holsinger, 2006; Blanchette & Brown, 2006; Chesney-Lind & Sheldoneldon, 2004; Funk, 1999; Gavazzi, Yarcheck, & Chesney-Lind, 2006; Holtfreter & Morash, 2003; Reisig, Holtfreter, & Morash, 2006; Shepherd, Luebbers, & Dolan, 2013a, 2013b). Offending can also have differential social impacts on females and their families (Chesney-Lind & Sheldoneldon, 2004; Funk, 1999; Gavazzi et al., 2006; Heilbrun et al., 2008; Holtfreter & Morash, 2003; Reisig et al., 2006; Salisbury et al., 2009). Specifically, female offending narratives are characterised by several interrelated risk factors, including histories of physical and sexual abuse, both in childhood and in intimate relationships, mental health concerns, behavioural problems and maladaptive coping mechanisms (Abram, Teplin, McClelland, & Dulcan, 2003; Belknap, 2007; Bloom et al., 2003; Chesney-Lind & Sheldon, 2004; Daly, 1992; Hubbard & Pratt, 2002; Reisig et al., 2006; Salisbury et al., 2009; Stathopoulos & Quadara, 2014; Wesley, 2006).

A number of specific maladaptive coping mechanisms have been observed among females engaged in illegal behaviour including substance abuse problems, internalising behaviours and self-harm (Belknap & Holsinger, 2006; Bloom et al., 2003; Cauffman, Monahan, & Thomas, 2015; Wright, Salisbury, & Van Voorhis, 2007). Other behaviours such as absconding from locations of victimisation, which may lead to homelessness, poverty and an enhanced vulnerability to antisocial peer networks and further victimisation, have also been associated with female offending (Belknap, 2007; Chesney-Lind, 1997; Daly, 1994; DeHart, Lynch, Belknap, Dass-Brailsford, & Green, 2014). The same risk factors often befall young male offenders. However, the manifestation and weight of these factors are believed to differ across sex. Put simply, female criminal activity emerges within a socio-historical context of cumulative victimisation, trauma, financial strain, dysfunctional relationships, mental illness and substance abuse.

Surveys of Australian females in custody appear to support these assertions. High rates of mental illness, prior episodes of sexual and physical victimisation and substance use have been reported among adult females in custody (AIHW, 2015; Johnson, 2004; Loxley & Adams, 2009; Stathopoulos, Quadara, Fileborn, & Clark, 2012). The prevalence of mental health problems, polyvictimisation, substance use difficulties and homelessness is also higher for young justice-involved females than for young justice-involved males (Indig et al., 2011; Kenny, Lennings, & Nelson, 2007; Kenny & Nelson, 2008; Zahn et al., 2010). A history of child sexual abuse in particular is a strong predictor of recidivism for female juveniles, but not male juveniles (Conrad, Placella, Tolou-Shams, Rizzo, & Brown, 2014). While mental health and victimisation factors can also contribute to male offending, their

interactions are posited to be uniquely salient for justice-involved females.

### *Current study*

The literature on female offending pathways has clearly advanced in recent years, and idiosyncratic criminogenic factors have now been articulated. There is a better understanding of how female offending behaviours manifest and how correctional agencies should be responding. However, there are specific areas within the literature base that remain under-researched. Much of the existing research has focused on the current risk factors and retrospective biographical narratives of adult female offenders. Comparatively fewer studies have investigated the offending, psycho-social and environmental profiles of young females in juvenile detention.

In response to existing gaps in the literature, this study aims descriptively and thematically to characterise the life experiences, attitudes and behaviours of a cohort of young Australian females in custody. The present study builds upon the extant literature in several meaningful ways. First, there is a need to identify the risk factors, attitudes and complex needs of young females who fall within the age bracket denoting the peak age for police contact (Australian Bureau of Statistics, 2017). The study cohort predominantly comprises young females who fall within these age parameters. Second, the present study includes a more severe (chronic or violent) cohort. Prior literature often explores low-level female offending (see Cauffman et al., 2015), particularly in female adolescent samples (Johansson & Kempf-Leonard, 2009). Third, while there have been significant contributions to the gender pathways literature from Europe and Australia, much of the research has been conducted in North-American settings (see Nuytiens & Christiaens, 2015). In response, this study offers a much-needed international inquiry into the offending pathways and self-reported life experiences of a high-risk cohort of young females in youth detention.

## *Method*

### *Participants*

Data were collected for 36 female participants from the Parkville Youth Justice Precinct in the Australian state of Victoria. Parkville Youth Justice Precinct holds young men and women aged 10–17 years who have been remanded or sentenced by a Victorian court, and young women aged 18–20 years who have been sentenced by a Victorian Court. Young people aged 18–20 years may be subject to Victoria's dual-track legislation, which triages a subset of young adult offenders with encouraging prospects for rehabilitation to the youth justice system. The sample was collected as part of a broader study investigating the risk profiles of young females and males in youth detention.

The mean age of the sample was 16.25 ($SD = 1.87$, range =12–21) years. Over half (52.8%, $n = 19$) of the sample self-identified as White/European Australian, 25.0% ($n = 9$) self-identified as Indigenous (Aboriginal and/or Torres Strait Islander) and 22.2% ($n = 8$) self-identified as Culturally and Linguistically Diverse (CALD). CALD participants were of African, Asian, Middle Eastern and Pacific Islander/Maori descent.

Three-quarters of the sample had a current or previous charge for a violent offence. The majority (62.1%) had been sentenced or were remanded for a violent index offence. Violent index offences included assault (52.8%), homicide (5.6%) and threats of violence (2.8%). Other index offences included theft (22.2%), property damage (2.8%), drug offences (2.8%), deception offences (2.8%) and the breach of a legal order (2.8%). The index offence for one participant was unknown.

### *Measures*

*Semi-structured interview.* A semi-structured interview designed specifically for the study by clinical forensic researchers was administered to all participants. The questions were developed to capture factors identified by

previous literature as contributors to offending in female populations. Participants were asked about their family and social networks, intimate relationships, substance use, psychological difficulties, employment/educational histories and their attitudes towards crime and justice. Clinical notes were taken during the course of each interview.

*Childhood Trauma Questionnaire.* The Childhood Trauma Questionnaire (CTQ; Bernstein & Fink, 1998) is a 28-item self-report inventory that screens for current episodes and histories of abuse and neglect during childhood. Responses are coded on a 5-point scale (1 = never true to 5 = very often true) on how often a particular event was experienced. It comprises five types of maltreatment – emotional, physical and sexual abuse, and emotional and physical neglect. Scores for each domain are summed (5–25) and indicate the severity of maltreatment. Each domain has the following cut-off points to indicate the levels of trauma experienced; emotional abuse (none = 5–8, low = 9–12, moderate = 13–15, severe = 16+), physical abuse (none = 5–7, low = 8–9, moderate = 10–12, severe = 13+), sexual abuse (none = 5, low = 6–7, moderate = 8–12, severe = 13+), emotional neglect (none = 5–9, low =10–14, moderate =15–17, severe = 18+), physical neglect (none = 5–7, low = 8–9, moderate = 10–12, severe = 13+).

*Mental health contacts.* Data on mental health diagnoses were obtained from the statewide Redevelopment of Acute & Psychiatric Information Directions (RAPID) database. The RAPID database includes mental health records, including official diagnoses and a summary of every contact and admission to a mental health service (community-based or hospitalisation) in the state of Victoria.

### *Procedure*

Young females were initially approached by researchers in the youth detention facility and were asked whether they were interested in participating in the study. If they demonstrated an interest in participating, researchers then explained the study to them in detail. Written informed consent was then obtained from those wanting to partake. Participants were administered a semi-structured interview individually and a battery of questionnaires by a clinician-researcher. All interviews were conducted in a private room allocated by youth justice custodial centre staff. The duration of each interview was approximately 90 minutes.

### *Ethics*

The study was approved by the Victorian Department of Human Services, the Victoria Police Human Research Ethics Committee and the Monash University Human Research Ethics Committee. Written informed consent was obtained from all participants. Consent for participants under 18 years of age fell within the 'mature minor' concept, as described in local Victorian legislation, in which mental competency is determined by the ability of an underage participant to understand or appreciate points pertaining to their partaking in, and the nature of, the study.

### *Data analysis*

Thematic analysis of the structured interview data was undertaken by a primary coder (author D.N.) using a progressive process of classifying, comparing, grouping and refining groups of text segments to create and then clarify the definition of categories, or themes, within the data (Fossey, Harvey, McDermott, & Davidson, 2002; Skeat, 2013). To ensure reliability, another coder (author S.S.) independently coded a sub-section of interview notes and cross-checked these with the findings of the primary coder. Discrepancies were discussed, and a mutually agreeable interpretation was reached. Descriptive statistics were employed to ascertain the number of participants in each severity category across CTQ domains, and the proportions of participants

with psychiatric diagnoses and mental health service contacts.

## Results

### Thematic analysis

Participants shared their previous and current life circumstances and challenges, relationships and support networks, attitudes towards their offending behaviours and pro-social influences. Several key themes were identified and are described in greater depth below.

*Education/employment.* Participants commonly reported leaving school in Year 7 or 8 (ages 12–14). For most participants, schooling was heavily disrupted by multiple relocations, suspensions or expulsions. Suspension and expulsion were frequently the result of conflict with other students ('I stabbed another kid'), arguing or violence towards teachers ('hitting teacher with a chair'), or drug use ('I got expelled for choof'). Fighting at school was often viewed as 'retaliation' for being bullied or picked on by other students. Truancy and strained relationships with teachers were common ('teachers didn't understand my hard life'). A small number of participants reported that they 'struggled' with schoolwork ('I did five days of Year 7 but found it too difficult').

Half ($N = 17$) of the participants reported an employment history. The roles were short-term and part-time. Several participants attributed the short-term nature of their employment to fighting with colleagues or being under the influence of drugs at work, which resulted in the termination of their contract.

*Family relationships.* The majority of participants reported that they had lived with one or both of their parents at some point in their lives. Several reported violent victimisation ('dad bashed me') and neglect ('mum doesn't care if I don't go to school') in the family home. Many reported running away from home while others were 'kicked out of home' during their early adolescence – 'I was kicked out at 14 then couch surfed'. Around half of the participants reported that they had spent some time living at the family home before being taken into foster or residential care. Removals from the family home (through child protection services) were experienced as traumatic events with several participants describing these incidences as one of their 'saddest' life experiences. Residential care was viewed negatively – 'it is worser [sic] than lock-up'. Despite not residing with their parents or siblings, the majority of participants reported that they had good relationships with at least one parent (usually mother) and/or sibling – 'my mum is a good listener'. Deaths in the immediate family were commonly reported. Many participants noted that family members, in particularly their fathers or brothers, had passed away and that they were deeply affected by this event.

A small proportion of participants reported parental or sibling criminality – 'mum is a dealer'. Four participants reported that they currently had nuclear family members in prison. Most of the young females stated that one or more family members had a mental health condition. Bipolar disorder and schizophrenia were diagnoses to which they referred explicitly.

*Peer group and intimate relationships.* Almost all participants reported having 'a lot' of friends. Friends were frequently described as being a 50/50 blend of delinquent and non-delinquent individuals – 'I've got "good" friends and "bad" friends'. Despite the large number of acquaintances, few friends were deemed to be trustworthy. However, most participants stated that they had at least one friend that they could 'trust'. Several participants reported that they were part of a 'gang' or 'crew', yet none claimed to experience peer pressure from friends or acquaintances.

Participants commonly reported having had multiple intimate relationships and sexual partners. Their relationships were frequently characterised by turbulence and instability. Many participants reported that arguments

and/or abuse were a factor in one or more of their intimate relationships – 'some have bashed me'. While almost all participants expressed a preference for long-term relationships, a minority preferred to be alone – 'I like my freedom'.

*Drug and alcohol use.* Most participants began drinking from 13 years of age although several reported consuming alcohol from as young as 9 years of age. Getting 'smashed' was a frequent occurrence among participants – 'most days I get hammered'. Participants described using alcohol as a way to become temporarily 'happy' and as a way to 'stop stressing'. However, the majority of participants acknowledged that their alcohol consumption had a negative impact on their lives, causing them to hurt themselves and others, or get into fights – 'if I'm pissed and someone pisses me off, I start on them'.

All participants used drugs. Almost all reported marijuana use on a daily basis. Participants smoked marijuana to help them 'feel happy', and 'relaxed'. Other drugs reportedly used by participants included methamphetamine, heroin, ecstasy, cocaine and prescription medication. Approximately half the sample believed that their drug use was negatively impacting their lives in various ways (i.e. missed appointments, hospitalisation). Moreover, criminal behaviour was commonly performed while under the influence of drugs.

*Anger.* The majority of participants reported feeling angry on a frequent basis – 'I crack it a lot'. Several reported that they would attempt to try to 'hold it in' only to find they would 'explode later'. Anger was triggered by interactions with family members or in response to provocation. Many participants described themselves as having a 'short fuse' and found themselves getting 'fired up quickly'. Anger would also manifest itself in physical fighting. Half of the participants reported that they sometimes lost control in fights and had hospitalised people as a result – one participant remarked, 'I've got a hard hit'. Some participants reported that they were only angry when under the influence of alcohol or drugs. In contrast, others used alcohol or drugs to 'calm' themselves down and reduce their anger.

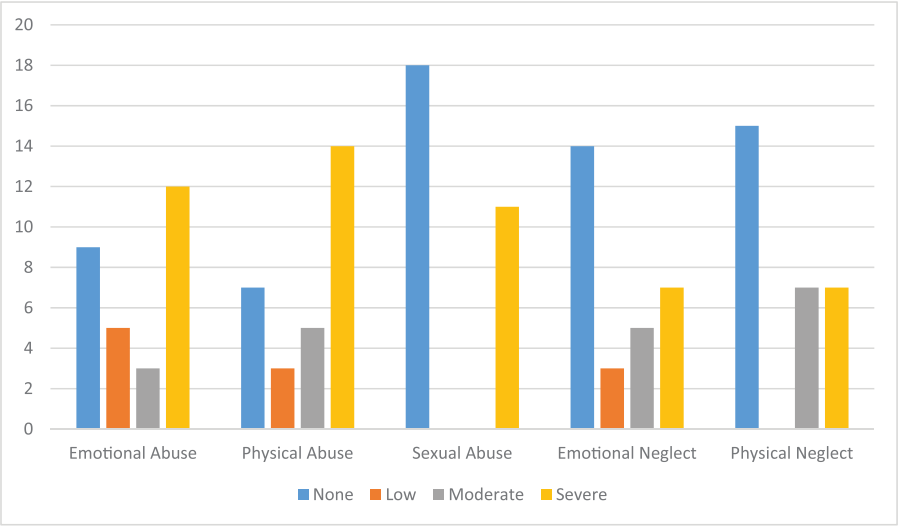
*Psychological support.* All participants reported having at least one person that they could turn to for emotional support. This was usually a friend or a close family member. Approximately half the cohort indicated that they would tell their partner or their youth worker if they were having problems. Only a small number of participants preferred to keep their problems to themselves.

The vast majority of participants had been seen by a psychologist or another trained mental health professional. In some instances, participants had been mandated by the courts to receive this assistance. Yet almost all the participants viewed psychological assistance unfavourably, reporting that their experience had been a 'waste of time'. Moreover, many disclosed that they had been prescribed medication for mental health conditions.

*Offending behaviours.* Official onset of criminality (police contact) was approximately 12–13 years of age, although offending behaviour unknown to law enforcement often occurred earlier (for some, as young as 7 years of age). Lying and stealing in order to obtain money or drugs was reported by almost all participants. Many also reported that they engaged in risk-taking behaviours including regular high-speed driving or physical fighting – 'anything that gives me adrenaline'.

Crimes were described as more likely to occur in the 'spur of the moment' rather than being planned. Crime committed to obtain money or drugs was sometimes premeditated and sometimes occurred randomly or in a reactive manner. Almost half the sample described committing crimes 'out of boredom'. Many reportedly enjoyed the 'thrill' that came from offending.

Table 1. Participant frequencies across CTQ domain severity thresholds.




Note: $N = 29$. CTQ = Childhood Trauma Questionnaire.

While most participants disliked being in custody, some believed that it gave them valuable time to 'think about things'. The vast majority of participants blamed themselves for the fact that they were in custody although several blamed their ex-partners ('for getting me hooked') or family members for their being in custody. Very few believed that they had been unfairly 'locked up' for what they perceived to be as insignificant reasons. Although their behaviour indicated a lack of concern for others, most reported some guilt or remorse. One participant stated that she 'feels bad about everything I've done'.

*Attitudes towards law enforcement.* All participants had strong negative feelings towards the police. One participant declared that 'they [police] wrecked my life'. Most reported that they had been unfairly targeted or victimised by police – 'girl cops pick on me'. Generally, almost all participants believed that it was important to obey the law.

*Desistance/future aspirations.* Almost all participants believed that their criminal record would affect their lives negatively, particularly their future employment prospects. Abstaining from using substances was seen as pivotal to achieving pro-social life goals. To realise this objective, participants believed that it was important to associate more with people who did not use drugs or commit crime. The phrase 'my friends are all users' was consistently noted by assessors. A few respondents reported that they would need to relocate in order to avoid friends who abuse substances. Obtaining employment, returning to school or undertaking further education/training were all viewed as avenues to desistance. Perceived barriers to achieving these aspirations were predominantly drug and alcohol use and possessing a criminal record.

### *Trauma*

The distribution of maltreatment severity across CTQ domains is presented in Table 1 . There was insufficient information to complete the instrument for seven participants. 'Severe' experiences were the most commonly reported category for the emotional ($n = 12$) and

physical ($n = 14$) abuse domains. For the sexual abuse domain, 11 participants reported 'severe' experiences, while the remainder ($n = 18$) reported no experiences of sexual abuse. Just under half of the participants reported 'no' experiences of emotional ($n = 14$) and physical ($n = 15$) neglect. A smaller number ($n = 7$) reported severe experiences in both these domains.

### *Mental health*

Twenty participants (56%) had registered RAPID case files indicating previous contact with state-wide mental health services. Six (17%) had been hospitalised for a mental health condition. Official recorded clinical diagnoses for the RAPID sub-sample ($N = 20$) included psychotic disorder ($n = 2$), major depressive disorder ($n = 5$), post-traumatic stress disorder ($n = 4$), attachment disorder ($n = 4$), borderline personality disorder ($n = 5$), neurodevelopmental disorder ($n = 2$), general anxiety disorder ($n = 6$), adjustment disorder ($n = 5$), conduct disorder ($n = 3$) and oppositional defiant disorder ($n = 3$).

## ***Discussion***

Young females who have engaged in severe and/or chronic offending reflect an understudied population internationally. The present study focused on identifying the self-reported life experiences and offending pathways of detained Australian adolescent females, the peak age for female contact with the justice system. Findings from semi-structured interviews with 36 young females in custody identified several common themes including disconnection from education, early care-giver disruption/family separation, personal and family mental health problems, poly-substance abuse, anti-social peers, victimisation and anger problems. In many ways, the findings reaffirm gender-pathways narratives described in previous literature.

Findings from research with adult female offenders describe complex histories of trauma, child victimisation, intimate partner violence, poverty, substance use and mental health problems (Belknap, 2007; Blanchette & Brown, 2006; Bloom et al., 2003; Chesney-Lind, 1997; Chesney-Lind & Sheldon, 2004; Daly, 1992, 1994; DeHart et al., 2014; Holtfreter & Cupp, 2007; Salisbury et al., 2009). Similar themes were expressed by those in our study cohort. In fact many of the risk factors and social challenges identified were currently experienced or had recently transpired. A notable and seemingly consequential episode reported by participants was family breakdown/dysfunction. While it was unclear as to how these occasions transpired, many participants reported leaving the family home to live in residential care (state homes). Poly-victimisation was apparent from scores on the Childhood Trauma Questionnaire (CTQ) and through participant anecdotes. CTQ findings indicated that almost half the sample reported 'severe' emotional, physical and sexual abuse experiences. This supports prior findings demonstrating that females in custody or serious/chronic female offenders often have more severe victimisation histories than lower risk or lower frequency female offenders (Cauffman et al., 2015; Gunnison & McCartan, 2010; Simpson, Yahner, & Dugan, 2008). Participants also described family members as having serious mental health problems, which may have contributed to familial conflict, particularly if said family members were not receiving psychiatric care or support. Early dysfunctional interactions and unstable and potentially abusive family environments are the likely origins of delinquent pathways for the cohort. Close relationships away from the family unit were also characterised as volatile and, in some cases, abusive. Moreover, the peer groups of the participants were largely delinquent and were sometimes described as gangs. The widespread substance abuse reported by participants was often linked to the peer group, who were drug users.

Young female offenders who have committed serious crimes also tend to exhibit disruptive behaviours, poor temperament, aggression and psychological problems during adolescence. There was evidence of these traits across the cohort. Participants self-reported fighting, frustration and aggressive behaviours, which affected educational/vocational pursuits. Official public mental health records indicated that a notably high number of participants (more than half) had been registered with mental health services. In the state of Victoria, public mental health services generally cater to those with severe mental health problems. More than half of the study sample recorded an official clinical diagnosis, which is remarkably high given the reluctance of clinical services to diagnose young people with certain serious mental illnesses and disorders. It is possible that several more young females in the cohort may have met the criteria for an undiagnosed clinical disorder. Similar incidences of mental disorder have been detected in samples of young females in detention (Fazel, Doll, & Langstrom, 2008; Teplin et al., 2002).

The combination of disruptive/traumatic family experiences and subsequent (and/or simultaneous) behavioural difficulties may have prompted the series of negative life events that followed, including school/employment disengagement, substance abuse and associating with delinquent/abusive peers and partners. Offending behaviours and justice system involvement manifested in the latter circumstances, further distancing young females from pro-social influences and institutions. Many of the cohort's life histories reflect Daly's (1992, 1994) 'harmed and harming women' offending pathway. This trajectory begins with poly-victimisation and exhibiting problem behaviours, culminating in mental ill health and substance use concerns (often self-medication). There were also elements of other pathways described by Daly (i.e. street women, battered-women, drug-connected women) identified in this study; however, these particular trajectories are unclear at this relatively early phase of the participants' lives. Some research has indicated that violent or chronic offending trajectories are alike regardless of gender (Ferrante, 2013; Johansson & Kempf-Leonard, 2009; Jones, Brown, Wanamaker, & Greiner, 2014). While this study was unable to test this hypothesis, the early onset of criminal activity reported in the sample aligned with severe and persistent offending trajectories described in the literature (Cauffman, Farruggia, & Goldweber, 2008; DeHart et al., 2014).

### *Implications*

The young females interviewed in this study represent the severe end of the juvenile criminal justice spectrum. Very few young women will receive a custodial order in the state of Victoria – those that do are likely to have multi-faceted complex needs and live in residential care. Histories of childhood maltreatment, family separation, problem behaviours and maladaptive coping mechanisms are evident in this population.

At a broader level, holistic early intervention mechanisms are required to address the factors that lead to young female involvement with the justice system. These include, but are not limited to, programmes designed to help young females remain connected to education or work, programmes that help school teachers recognise and become more sensitive to traumatised youth, addressing substance use problems, strengthening families and providing support and safe accommodation for young females who have left their families. The study clearly indicates that early family disruption is an important factor that may contribute to later offending behaviour and other negative life events. Prevention must start with the family when it comes to high-risk young females.

For young justice-involved females, a focus on rehabilitation is necessary. Programmes should be structured to address criminogenic needs but also tailored to promote sustained behavioural change. This requires a continued focus on education and skill building that have pathways to employment. For young females

leaving custody, it is important that post-sentence stable accommodation is available. Unstable living environments often preclude ongoing participation in, and the successful completion of, therapeutic and vocational programmes (which also may be conditions of a community order).

Addressing the mental health needs of this population is also key. Many of the young females in the study cohort had been diagnosed with mental disorders. The provision of treatment in custody is required; however, this may be better delivered in smaller therapeutic units, staffed by clinically informed workers who can facilitate ongoing intensive interventions. Finally, programming should be delivered in accordance with gender-responsive principles. Empowerment strategies may be helpful for young females that enhance self-esteem, resilience and personal agency, develop healthy coping mechanisms and assist in cultivating/maintaining pro-social relationships.

The study had a number of limitations. The sample size was relatively small, thus precluding any detailed quantitative analyses. However, the sample was sufficient for qualitative purposes and is representative of females in youth custody in Victoria. Victoria has the lowest rate of youth supervision across all Australian States and Territories (AIHW, 2017). As the participants were not obliged to answer (or expand upon) every question posed to them during the semi-structured interview, not all responses were thorough, and were in many cases pithy or an answer was not offered. This meant that particular sensitive issues such as self-harm, sexual abuse and intimate partner violence were most likely under-reported during the interview. The number of participants reporting severe experiences on the CTQ perhaps supports this notion as the instrument could be scored without sharing the particular details of the incidents with clinical researchers. However, under-reporting may have occurred on the CTQ as well (i.e. 18 out of 29 participants reporting no history of sexual abuse). Despite these limitations, the findings from the study add to the small amount of literature on the risk factors, life situations and offending patterns of young females in custody.

## *Ethical standards*

### *Declaration of conflicts of interest*

Stephane M. Shepherd has declared no conflicts of interest

Danielle Newton has declared no conflicts of interest

Cieran Harries has declared no conflicts of interest

Rebecca L. Fix has declared no conflicts of interest

Rachael Fullam has declared no conflicts of interest

### *Ethical approval*

All procedures performed in the study were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki declaration and its later amendments or comparable ethical standards.

### *Informed consent*

Informed consent was obtained from all individual participants included in the study

## References

Abram, K. M., Teplin, L. A., McClelland, G. M., & Dulcan, M. K. (2003). Comorbid psychiatric disroders in youth in juvenile detention. *Archives of General Psychiatry*, 60(11), 1097–1098.

Australian Bureau of Statistics (2017). *ABS Recorded Crime – Offenders (June 2017)*. Retrieved from: http://crimestats.aic.gov.au/facts_figures/2_offenders/A2/

Australian Institute of Health and Welfare (AIHW). (2017). *Youth Justice in Australia 2015–16*. Bulletin 139. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW). (2016). *Youth Detention Population in Australia 2016*. Bulletin 138. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW). (2015). *The health of Australia's prisoners 2015*. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW). (2014). *Pathways through youth justice supervision*. Juvenile Justice Series No.15. Canberra: AIHW.

Australian Institute of Health and Welfare (AIHW). (2012). *Juvenile detention population in Australia 2012*. Juvenile Justice Series No.11. Canberra: AIHW.

Belknap, J. (2007). *The Invisible Woman: Gender, Crime, and Justice* (3rd ed.). Belmont, CA. Thomson Wadsworth Publishing Company.

Belknap, J., Holsinger, K. (2006). The gendered nature of risk factors for delinquency. *Feminist Criminology*, 1, 48–71.

Bernstein, D. P., & Fink, L. (1998). *Childhood Trauma Questionnaire: A retrospective self-report manual*. San Antonio, TX: The Psychological Corporation.

Blanchette, K., Brown, S. L. (2006). *The assessment and treatment of women offenders: An integrative perspective*. Chichester, UK: Wiley.

Bloom, B., Owen, B., & Covington, S. (2003). *Gender-responsive strategies: Research, practice, and guiding principles for women offenders*. Washington, DC: National Institute of Corrections.

Cauffman, E., Farruggia, S. P., & Goldweber, A. (2008). Bad boys or poor parents: Relations to female juvenile delinquency. *Journal of Adolescent Research*, 18(4), 699–712.

Cauffman, E., Monahan, K.C., & Thomas, A.G. (2015). Pathways to persistence: Female offending from 14 to 25. *Journal of Developmental and Life-Course Criminology*, 1(3), 236–268. DOI: 10.1007/s40865-015-0016-z.

Chesney-Lind, M. (1997). *The female offender: Girls, women, and crime*. Thousand Oaks, CA: SAGE

Chesney-Lind, M., Morash, M., Stevens, T. (2008). Girls troubles, girls' delinquency, and gender responsive programming: A review. *Australian & New Zealand Journal of Criminology*, *41*, 162–189.

Chesney-Lind, M., Sheldon, R.G. (2004). *Girls, delinquency, and juvenile justice (*3rd. ed*)*. Belmont, CA: Wadsworth.

Conrad, S. M., Placella, N., Tolou-Shams, M., Rizzo, C. J., & Brown, L. K. (2014). Gender differences in recidivism rates for juvenile justice youth: The impact of sexual abuse. *Law and Human Behavior*, 38(4), 305–314. DOI: 10.1037/lhb0000062

Daly, K. (1992). Women's pathways to felony court: Feminist theories of lawbreaking and problems of representation. *Southern California Review of Law and Women's Studies*, 2, 11.

Daly, K. (1994). *Gender, crime, and punishment*. New Haven, CT: Yale University Press.

DeHart, D., Lynch, S., Belknap, J., Dass-Brailsford, P., & Green, B. (2014). Life history models of female offending: The roles of serious of mental illness and trama in Women's pathways to jail. *Psychology of Women Quarterly*, 38(1), 138–151. DOI: 10.1177/036684313494357

Fazel, S., Doll, H., & Langstrom, N. (2008). Mental disorders among adolescents in juvenile detention and correctional facilities: a systematic review and metaregression anlaysis of 25 surveys. *Journal of the American Academy of Child and Adolescent Psychiatry*, 47(9), 1010–9. DOI: 10.1097/CHI.Ob013e31817eecf3.

Ferrante, A. (2013). Assessing gender and ethnic differences in developmental trajectories of offending. *Australian and New Zealand Journal of Criminology*, 46(3), 379–402.

Fossey, E., Harvey, C., McDermott, F., & Davidson, L. (2002). Understanding and evaluating qualitative research. *Australian and New Zealand Journal of Psychiatry*. 36, 717–32.

Funk, S. J. (1999). Risk assessment for juveniles on probation. *Criminal Justice and Behavior*, 26, 44–68. DOI:10.1177/0093854899026001003

Gavazzi, S. M., Yarcheck, C. M., Chesney-Lind, M. (2006). Global risk indicators and the role of gender in a juvenile detention sample. *Criminal Justice and Behavior*, 33, 597–612. DOI:10.1177/0093854806288184

Gunnison, E., & McCartan, L. M. (2010). Persistent versus late onset among female offenders: a test of state dependent and population heterogeneity interpretations. *Western Criminology Review* 11(3), 45–62.

Heilbrun, K., DeMatteo, D., Fretz, R., Erickson, J., Yasuhara, K., & Anumba, N. (2008). How "specific" are gender-specific rehabilitation needs? An empirical analysis. *Criminal Justice and Behavior*, 35(11), 1382–1397.

Hockenberry, S. (2016). *Juveniles in residential placement, 2013*. Juvenile Justice Statistics (National Report Series, May). Laurel, MD: U.S. Department of Justice.

Holtfreter, K., Cupp, R. (2007). Gender and risk assessment: The empirical status of the LSI-R for women. *Journal of Contemporary Criminal Justice*, 23, 363–382.

Holtfreter, K., Morash, M. (2003). The needs of women offenders. *Women & Criminal Justice*, *14*, 137–160.

Hubbard, D. J., Pratt, T. C. (2002). A meta-analysis of the predictors of delinquency among girls. *Journal of Offender Rehabilitation*, 34(3), 1–14. DOI:10.1300/J076v34n03_01

Indig, D., Vecchiato, C., Haysom, L., Beilby, R., Carter, J., Champion, U., … Mamone, N. (2011). 2009 NSW young people in custody health survey: Full report. Justice Health and Juvenile Justice*, Sydney*, 77–78.

Johansson, P., Kempf-Leonard, K. (2009). A gender-specific pathway to serious, violent, and chronic offending? *Crime & Delinquency*, 55(2), 216–240. DOI: 10.1177/0011128708330652

Johnson, H. (2004). Drugs and crime: A study of incarcerated female offenders (Research and Public Policy Series No. 63). Canberra: Australian Institute of Crimonology.

Jones, N.J., Brown, S. L., Wanamaker, K. A., & Greiner, L. E. (2014). A quantitative explroation of gendered pathways to crime in a sample of male and female juvenile offenders. *Feminist Criminology*, 9(2), 113–136. DOI: 10.1177/1557085113501850

Kenny, D. T., Lennings, C. J., & Nelson, P.K. (2007). The mental health of young offenders serving orders in the community. *Journal of Offender Rehabilitation*, 45(1–2), 123–148. DOI: 10.1300/J076v45n01_10

Kenny, D. T., Nelson, P. K. (2008). *Young offenders on community orders: Health, welfare and criminogenic needs*. Sydney, Australia: Sydney University Press.

Loxley, W., Adams, K. (2009). Women, drug use and crime: Findings from the drug use monitoring in Australia program (AIC Reports Research and Public Policy Series 99). Canberra: Australian Institute of Criminology.

Ministry of Justice. (2017). *Youth Justice Statistics 2015/15 England and Wales.* Accessed: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/585897/youth-justice-statistics-2015-2016.pdf

Nuytiens, A., & Christiaens, J. (2016). Female pathways to crime and prison: Challenging the (US) gendered pathways perspective. *European Journal of Criminology*, 13(2), 195–213.

Reisig, M. D., Holtfreter, K., Morash, M. (2006). Assessing recidivism risk across female pathways to crime. *Justice Quarterly*, 23, 384–405. DOI:10.1080/07418820600869152

Salisbury, E. J., Van Voorhis, P., & Spiropoulos, G. V. (2009). The predictive validity of a gender-responsive needs assessment: An exploratory study. *Crime & Delinquency*, 55(4), 550–585.

Sentencing Advisory Council (2016). *Reoffending by children and young people in Victoria*. Melbourne: State of Victoria

Shepherd, S. M., Luebbers, S., & Dolan, M. (2013a). Gender and ethnicity in juvenile risk assessment. *Criminal Justice and Behavior*, 40(4), 388–408.

Shepherd, S.M., Luebbers, S., & Dolan, M. (2013b). Identifying gender differences in an Australian youth offender population. *Sage Open*, 3(2). DOI:10.1177/2158244013492082

Simpson, S. S., Yahner, J. L., & Dugan, L. (2008). Understanding Women's pathways to jail: Analysing the lives of incarated Women. *Australian and New Zealand Journal of Criminology*, 41(1), 84–108.

Skeat, J. (2013). Using grounded theory in health research. In: P. Liamputtong (Ed.), *Research methods in health: foundations for evidence-based practice* (2nd ed., pp. 101–131) Melbourne: Oxford University Press.

Stathopoulos, M., & Quadara, A. (2014). *Women as offenders, women as victims: The role of corrections in supporting women with histories of sexual abuse*. Sydney: Corrective Services NSW.

Steffensmeier, D. & Allan, E. (1998). The nature of female offending: Patterns and explanations. In R.T. Zaplin (Ed.), *Female offenders: Critical perspectives and effective interventions* (pp. 5–29). Gaithersburg, MD: Aspen Publishing.

Wesley, J. (2006). Considering the context of women's violence: Gender, lived experiences, and cumulative victimization. *Feminist Criminology* 1(4), 303–328.

Wright, E. M., Salisbury, E. J., & Van Voorhis, P. (2007). Predicting the prison misconducts of women offenders: The importance of gender-responsive needs. *Journal of Contemporary Criminal Justice*, 23, 310–340.

Wright, E.M., Van Voorhis, V., Salisbury, E. J., & Bauman, A. (2012). Gender-responsive lessons learned and policy implications for Women in prison. *Criminal Justice and Behavior*, 39(12), 1612–1632. DOI: 10.1177/0093854812451088